

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 05, 2008  
Secretary of State**

DOCUMENT# N98000005610

Entity Name: SALVATION MINISTRIES, INC.

**Current Principal Place of Business:**

37 MOONEY ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

37 MOONEY ROAD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 59-3547069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUGHES, CHRISTIN A  
37 MOONEY ROAD  
FORT WALTON BEACH, FL 32547      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HUGHES, CHRISTIN A  
Address: 37 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD      ( ) Delete  
Name: HOLGUIN, KERI  
Address: 386 GARDNER DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD      ( ) Delete  
Name: HUGHES, CHRISTIN A  
Address: 37 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD      ( ) Delete  
Name: HUGHES, ROBIE V  
Address: 37 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIN A HUGHES

PD

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date